



**STALEY HIGH SCHOOL  
COMMUNITY SERVICE FORM**  
for Career/College Readiness Diploma



**Student Name:** \_\_\_\_\_

**Graduation Year 20** \_\_\_\_\_

Multiple forms can be submitted

*Students: Supply all information in the blanks below in a neat and accurate manner. Correct information is essential as this will be used to confirm your 20 hours of Service to Community with the organization listed. Falsehoods or forgeries on this form are the basis for denying any or all hours accumulated. Form to be submitted when your 20 hours of Service to Community are complete.*

| Organization                      | Volunteer Dates | Total Time |
|-----------------------------------|-----------------|------------|
| 1) Name of Organization:          | date:           |            |
| Address:                          | date:           |            |
| Phone:                            | date:           |            |
| Describe the services or tasks:   | date:           |            |
|                                   | date:           |            |
| PRINT the name of the Supervisor: | date:           |            |
|                                   | date:           |            |
| Signature _____                   | date:           |            |
| 2) Name of Organization:          | date:           |            |
| Address:                          | date:           |            |
| Phone:                            | date:           |            |
| Describe the services or tasks:   | date:           |            |
|                                   | date:           |            |
| PRINT the name of the Supervisor: | date:           |            |
|                                   | date:           |            |
| Signature _____                   | date:           |            |
| 3) Name of Organization:          | date:           |            |
| Address:                          | date:           |            |
| Phone:                            | date:           |            |
| Describe the services or tasks:   | date:           |            |
|                                   | date:           |            |
| PRINT the name of the Supervisor: | date:           |            |
|                                   | date:           |            |
| Signature _____                   | date:           |            |

**TOTAL Hours** \_\_\_\_\_

**The following guidelines are to be utilized as a guide for required 20 hours of Service to Community.**

- Service to Community is volunteer work for which no other credit or monetary compensation is received.
- In general, the following types of activities will qualify for the Service to Community requirements.
  - Charitable activities for non-profit organizations
  - Individual student tutoring (A+ Peer Tutoring Program or under the direct supervision of a teacher outside the regular school hours)
  - Civic activities sponsored by clubs, Parks and Recreations, Chambers of Commerce, businesses, churches, schools, hospitals, residential care facilities
  - Activities of school-sponsored clubs that benefit the community, such as school-based Booster Clubs

**Signature of Student** \_\_\_\_\_

By signing, I verify that the above information is accurate